

Kansas State Fire Marshal – Fire Prevention Division

References (s): K.S.A. 31-133, K.A.R. 22-18-2, 00-101/19.7.1.2, 06-IFC/405

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FIRE FACT 084 – FIRE DRILLS

The purpose of a fire drill is to practice the swift removal of all building occupants to a safe area of refuge.

BEFORE THE DRILL

1. Remember that all exits are to be unlocked and unobstructed.
2. Designate specific staff members to be responsible for the planning and scheduling of fire drills.
3. Designate a safe area at least 50 feet from the building. This area should be safe from dangers of fire, fire department operations, and public vehicles.

CONDUCTING THE DRILL – Keep it as real as possible

- *Conduct drills on different days of the week and at different times of day
- *Use the fire alarm system to initiate the fire drill
- *Remember to use a different initiating device each month
- *Don't announce the drills ahead of time
- *All occupants must participate (Exceptions for healthcare occupancies)
- *Utilize scenarios to gain staff participation
- *If any fire alarm equipment is found to be inoperable during the drill, it should be repaired immediately
- *After it is verified that a successful evacuation has taken place, the building may be occupied

SCHOOLS

- A fire drill must be held each month that school is in session. For schools with separate morning and afternoon sessions of kindergarten or preschool, monthly drills need to be conducted for each session.
- After the alarm sounds, students should proceed in an organized manner to their area of safety using a designated evacuation route. Staff should account for the children upon reaching the safe area.
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

HEALTHCARE

- A fire drill must be held once per shift per quarter. A silent drill may be conducted between the hours of 9:00PM and 6:00AM, a coded announcement may be used instead of the audible alarm.
- Once the fire emergency is discovered, the basic response of staff shall include the removal of all residents directly involved with the fire, provide notification to other building occupants, close all doors to try and confine the fire, and the relocation of residents to another protected area
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

DOCUMENTING THE DRILL

- *Completely fill out the form (Several different forms are provided below)
- *Each building must have its own separate drill record, count of participants, and evacuation time.
- *Keep completed yearly records for at least three years.

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FIRE DRILL RECORD- GENERAL

Facility Name	Year(s) of drills
Address	Responsible Party Name and Title
City, State, Zip	Facility/License #
Phone	Fax

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATION	NUMBER OF OCCUPANTS	RESPONSIBLE PARTY NAME
January					
February					
March					
April					
May					
June					
July					
August					
Septembe					
October					
November					
December					

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the

Kansas State Fire Marshal.

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FIRE DRILL RECORD- SCHOOLS

SCHOOL DISTRICT	USD# (WHEN APPLICABLE)	BUILDING NAME	CITY	TELEPHONE

FIRE DRILLS

Month	Date of Drill	Time of Day Drill Conducted	Evacuation Time	Number of Occupants (Students & staff & guests actually participating in the drill)	Manual Pull Station or Smoke Detector or Automatic Sprinkler Valve	Official's Signature/ Title
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						

TORNADO DRILLS

Month	Date of Drill	Time of Day Drill Conducted	Evacuation Time	Number of Occupants (Students & staff & guests actually participating in the drill)	Notification method	Official's Signature/ Title

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or copy of the drill record IN YOUR FILES ONLY, for a period not less than 5 years for future reference

and for verification by the Kansas State Fire Marshal.

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FIRE DRILL RECORD – HEALTHCARE

Date of Fire Drill: _____ Shift(s) Involved ☐ 1st ☐ 2nd ☐ 3rd
(Check all that apply)

Time Conducted: _____ Location of Fire: _____

ALARM PERFORMANCE

How was the drill initiated: ☐ Manual Pull ☐ Sprinkler ☐ Smoke alarm ☐ Power Out

List specific location of unit activated: _____

Drill Type: ☐ Audible alarm ☐ Coded/Silent alarm

Did all staff hear the alarm? ☐ Yes ☐ No

Did all fire emergency equipment function properly
(fire doors, smoke dampers, etc.) ☐ Yes ☐ No

Did auto dispatch notification function correctly? ☐ Yes ☐ No

What time did dispatch receive alarm? _____

PERSONNEL PERFORMANCE (R.A.C.E)

RESCUE

Were all residents & visitors evacuated from the fire zone? ☐ Yes ☐ No

Was there a proper/systematic search conducted? ☐ Yes ☐ No

Did staff account for all residents? ☐ Yes ☐ No

ALARM

Who activated the alarm? _____

Was the alarm properly activated? ☐ Yes ☐ No

Did staff call the fire department? ☐ Yes ☐ No

Was the alarm reset? ☐ Yes ☐ No

CONTAINMENT

Did staff close resident room doors? ☐ Yes ☐ No

Were corridor doors unobstructed? ☐ Yes ☐ No

Did all corridor doors latch properly? ☐ Yes ☐ No

EXTINGUISHMENT/EVACUATION

Were proper fire extinguishers taken to fire area? ☐ Yes ☐ No

Did staff simulate using fire extinguisher? ☐ Yes ☐ No

Did staff stay with evacuation residents? ☐ Yes ☐ No

Was facility evacuation procedures followed? ☐ Yes ☐ No

How long did it take to secure/evacuate all areas _____

Scenario: _____

Drill supervisor: _____ Title: _____

FIRE DRILL RECORD – HEALTHCARE cont.

Date of drill:

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